

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



October 6, 1992

ALL-COUNTY LETTER NO. 92-85

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: NOVEMBER 1992 TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PROGRAM - SSI/SSP) BENEFIT REDUCTIONS AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL

The 1992/1993 Budget Act reduced the SSP benefit contribution for individuals and couples living independently effective November 1, 1992. There will be an additional change in SSI/SSP benefits effective January 1, 1993 and that will be addressed in a subsequent All-County Letter (ACL).

This ACL is to provide you with the following:

- o Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- o Instructions regarding forms and listings.
- o November 1, 1992 through December 31, 1992 SSI/SSP benefit levels.
- o Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. SSI/SSP Benefit Levels

1. The Fiscal Year 1992/1993 State of California Budget Act decreased the SSP benefit levels thus changing the SSI/SSP benefit levels effective November 1, 1992.
2. The allowances for non-eligible children and spouses/parents are considered in share of cost deeming procedures. There are no SSI benefit changes at this time, therefore there are no changes reflected on the forms SOC 294A and SOC 294C share of cost worksheets.

B. Share of Cost Cases

1. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field 12 shall have an SOC adjusted November 1, 1992 because of SSP decreases. However, any case with an end date in Field 224 of October 31, 1992, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, for those cases that are not automated, an alert message will print on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not November 1st"

2. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their SOC computation. Based on these adjustments, SOC's will be changed for all affected IHSS recipients. One message (number 355) will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of 1992 Budget Act adjustments to SSI/SSP benefit level which is recorded above. W&IC 12200.01"

If the SOC is now greater than the IHSS need, another message (number 348) will read:

"The 1992 Budget Act decreased the SSI/SSP benefit levels. Your share of cost of _\$K3_ now exceeds the assessed IHSS cost of _Hrs_ x _Rate_ per hour plus the restaurant meal allowance of \$_____ which equals \$_____. Since your excess income exceeds the cost of IHSS, your services are discontinued. W&IC 12200.01, W&IC 12304.5"

3. The automation of SOC cases is scheduled to be run October 15, 1992, so that we can meet the timelines for NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines MNO can be built:

o Turnaround Document (TAD) #1:

- enter appropriate data for months prior to November 1992 SOC fields and wait for the next turnaround document to enter November 1992 data;
- a NOA will be generated containing the usual SOC message(s).

- o TAD #2:
 - enter 11/01/92 in SOC Field I1;
 - the CMIPS will recompute the correct SOC;
 - a NOA will be generated containing a SOC message.

4. SOC cases that are not updated may result in the IHSS recipient paying a SOC which is less than his/her liability. County Welfare Departments (CWD) will be responsible for collecting overpayments from those persons so affected.

C. Forms and Listings

1. Turnaround documents will be generated on all automated IHSS income eligible cases - both forms SOC 293 and SOC 311. These will have an identifying message on the top which will read "November Share of Cost 1992." There will also be NOAs generated which will have a message as displayed under B2. above.
 - o Only those cases that have an identical SOC reflected on both the form SOC 293 Share of Cost Field M6 and the form SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the provider document SOC 311 must be manually changed.
 - o All cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder which cases were automatically changed.
2. All TADs and NOAs will be printed at the printer sites by on-line Counties; non-printer site Counties will have documents printed by EDS and mailed to the recipient and County, as appropriate.
 - o Please plan printing needs by ordering forms SOC 293, SOC 311 and NA 690 if necessary.
 - o Please do not delay printing and mailing the NOAs on October 16, 1992; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the County.

D. Benefit Levels

1. Attachment A to this ACL is the November 1992 SSI/SSP Payment Standards.
2. Attachment B is a copy of the corrected page for the IHSS-CMIPS User's Manual pages V-A-17 through V-A-19 which will be distributed to Counties to update their CMIPS/IHSS User's Manuals. This information has been incorporated into the CMIPS SOC automation feature.

E. SOC 294A and SOC 294C

1. Consistent with no change to the SSI benefit payment level at this time, no changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). The allowances remain the same through the 1992 calander year.
 - o SOC 294A (Attachment C)
 - change allowances in Column B, row 2a to \$211.00;
 - change allowances in Column B, row 6 to \$211.00.
 - o SOC 294C (Attachment D)
 - change allowances in Column A, row 2a to \$211.00;
 - change allowances in Column A, row 6b(1) and 6b(2) to (1) \$844.00 and (2) \$1,266.00, respectively;
 - change allowances in Column A, rows 7b and 8i to (1) \$422.00 and (2) \$633.00, respectively.

Questions regarding CMIPS procedures should be addressed to Roberta Christensen at (916) 657-2155 or ATSS 8-437-2155.

for Robert Sutich
 LOREN D. SUTER
 Deputy Director
 Adult and Family Services

Enclosures

cc: CWDA

ESTIMATES BRANCH
SEPTEMBER 3, 1992STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

SSI/SSP PAYMENT STANDARDS
NOVEMBER 1 THROUGH DECEMBER 31, 1992
CHI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Chapter 94/91 (AB 385) required the pass-through of the SSI COLA.
(Includes a 5.8% reduction in the total 1/92 SSI/SSP Standard.)

PROGRAM	REDUCED NEEDS			RESTAURANT MEALS			UHC		
	HOUSEHOLD OF ANOTHER			INDEPENDENT LIVING ARRANGEMENT WITHOUT COOKING FACILITIES			NON-MEDICAL BOARD AND CARE		
	SSS	SSP	TOTAL	SSS	SSP	TOTAL	SSS	SSP	TOTAL
INDIVIDUAL:									
AGED OR DISABLED	422.00	188.00	610.00	281.34	200.66	482.00	422.00	254.00	676.00
BLIND	422.00	253.00	675.00	281.34	267.66	549.00	422.00	NA	422.00
DISABLED MINOR	422.00	63.40	485.40	281.34	76.66	358.00	422.00	NA	422.00
COUPLE:									
AGED OR DISABLED	633.00	488.00	1121.00	422.00	510.00	932.00	633.00	624.00	1257.00
- per couple	316.50	244.00	560.50	211.00	255.00	466.00	316.50	312.00	628.50
BLIND	633.00	681.00	1314.00	422.00	703.00	1125.00	633.00	NA	633.00
- per couple	316.50	340.50	657.00	211.00	351.50	562.50	316.50	NA	562.50
BLIND/AGED OR DISABLED	633.00	609.00	1242.00	422.00	631.00	1053.00	633.00	NA	633.00
- per couple	316.50	304.50	621.00	211.00	315.50	526.50	316.50	NA	526.50

NOTE: MHHC recipients
excluded from reduction

NON-MEDICAL BOARD AND CARE

TITLE XIX MEDICAL FACILITY

Total	142
SSS	30
SSP	12

NON-MEDICAL BOARD AND CARE

Total	9724
Board and Room	309
Care and Supervision	266
Personal & Incidental Needs	199
Maximum	339
Minimum	85

Field I4, J1,

J2, K1, K2

SOURCE/INCOME/DEDUCT - Optional, Numerical

Length:

1, 7, 7, Format: X, XXXX.XX, XXXX.XX

Description:

Source/income/deduct -

- A. This field is required for automated share of cost computation.
- B. Source of recipient's, spouse's, parent(s) gross income - enter appropriate code.
 - 1 - Retirement, Survivors, Disability Insurance (RSDI) - Recipient
 - 2 - Veteran's administration - Recipient
 - 4 - Railroad retirement - Recipient
 - 5 - Other pension - Recipient
 - 6 - Other unearned - Recipient
 - 7 - Earned - Recipient
 - 8 - Unearned - Spouse/parent
 - 9 - Earned - Spouse/parent
- C. Income - Enter amount of gross income available to the recipient, spouse, parent(s).
- D. Deduct - Enter dollar amount of total income deductions other than the standard income exclusions.
 - 1. Standard income exclusions that are included in the automatic share of cost computation are:
 - \$20.00 Standard exclusion
 - \$65.00 Earned income exclusion
 - One half remainder of income - Earned income exclusion
 - \$211.00 Needs of children/non-linked spouse
 - \$844.00 or \$1,266.00 Allowance for earned income parent(s)
 - \$422.00 or \$633.00 Allowance for unearned income parent(s)
 - \$422.00 or \$633.00 Allowance for combination earned/unearned income parent(s)
 - 2. Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field.

NOTE: Refer to Special Instructions: Share of cost computation -SOC 293.

Field I5 COUNTABLE INCOME - Optional - Numerical
Length: 6
Description: Countable income - The sum of all net income available to
recipient.
A. For those recipients whose shares of cost are
automated, this field will be system generated, the
benefit level deducted and the share of cost field
system generated.
B. This field must be entered with the amount that has
been manually computed for those recipients whose
countable income is not automated to enable the
correct share of cost information on an automated
Notice of Action.

NOTE: Refer to Special Instructions: Share of cost computation -SOC
293.

Field J3 BENEFIT CODE/LEVEL - Optional - Numerical
Length: 2, 8, Format: XX, XXXXX.XX
Description: Benefit Level - The SSI/SSP benefit level used to
determine the recipient's share of cost.
A. For those recipients whose shares of cost are
automated, this field must have a two digit benefit
code entered.
B. This includes both recipients who have countable
income automatically computed or countable income
manually computed.
C. Enter the appropriate benefit code.
01 - Individual aged or disabled - Own home \$ 608.00
02 - Individual blind - Own home 677.00
03 - Individual disabled minor - Own home 485.40
04 - Individual aged or disabled - Household
of another 482.00

05 - Individual blind - Household of another	551.00
06 - Individual disabled minor - Household of another	358.00
07 - Individual aged or disabled - Independent living without cooking facilities	676.00
08 - Couple aged or disabled - Own home	1,121.00
09 - Couple both blind - own home	1,314.00
10 - Couple blind/aged or disabled - Own home	1,242.00
11 - Couple aged or disabled - Household of another	932.00
12 - Couple both blind-Household of another	1,125.00
13 - Couple blind/aged or disabled - Household of another	1,053.00
14 - Couple aged or disabled - Independent Living without cooking facilities	1,257.00

D. For a couple, both of whom are IHSS recipients and equally share their net countable income, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I5. Enter the appropriate code below for the share of cost computation:

15 - Couple aged or disabled - Own home, per person	560.50
16 - Couple both blind -Own home, per person	657.00
17 - Couple blind/aged or disabled - Own home, per person	621.00
18 - Couple aged or disabled - Without cooking facilities, per person	628.50
19 - Couple aged or disabled - Household of another, per person	466.00
20 - Couple blind - Household of another, per person	562.50
21 - Couple blind, aged or disabled - Household of another, per person	526.50

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled

	UNEARNED	EARNED		UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)			1. Income of client's spouse*	\$	\$
a	\$		2. Allowance for children not blind or disabled.		
b	\$		a. Children's needs	\$211	\$211
c	\$		b. Children's income*	\$	\$
2. Total unearned income (A1a to A1c)	\$		c. Net needs (a — b)	\$	\$
3. Any income exclusion	\$20		d. Total allowance (add B2c's)	\$	
4. Net unearned income (A2 minus A3)	\$		3. Remaining unearned income (B1 minus B2d)	\$	
5. Earned income (Do not show exempt income)		\$	4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$	5. Remaining earned income (B1 minus B4)		\$
7. Earned income exclusion		\$65	6. Net income of spouse (B3 plus B5) — If equal to or less than \$211 A15 is entered in C — If greater than \$211, complete B7 through B20		\$
8. Total exclusions (A6 plus A7)		\$	7. IHSS client's income (From A2 and A5)	\$	\$
9. Remaining earned income (A5 minus A8)		\$	8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
10. Net earned income (A9 x ½)		\$	9. Any income exclusion	\$20	
11. Other earned income deductions		\$	10. Net unearned income (B8 minus B9)	\$	
12. Total net earned income (A10 minus A11)		\$	11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
13. Total countable income (A4 plus A12)	\$		12. Earned income exclusion		\$65
14. SSI SSP payment level	\$		13. Total exclusions (B11 plus B12)		\$
15. IHSS share of cost (A13 minus A14)	\$		14. Remaining earned income (B8 minus B13)		\$
			15. Net earned income (B14 x ½)		\$
			16. Other earned income deductions		\$
			17. Total net earned income (B15 minus B16)		\$
			18. Total countable income (B10 plus B17)	\$	
			19. SSI SSP couple payment level	\$	
			20. IHSS share of cost (B18 minus B19)	\$	
			C. SHARE OF COST (higher of A15 or B20)**	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

WORKER

DATE

Case No. _____ Month _____

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